Schedule E)		PAGE 1 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Working America Coalition		C C00620583
Check if 24-hour report 48-hour report New rep	port Amends report fi	filed on Man / Dab / Yayayay
Full Name of Payee Mosaic		Date of Public Distribution/Dissemination
		10 10 7 2016
Mailing Address 4801 Viewpoint Place		Amount
City State	Zip Code	5400.00
Cheverly MD	20781	Transaction ID : D601784 Date of Disbursement or Obligation
Purpose of Expenditure Fliers	Category/ Type 004	Date of Disbursement of Obligation 10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	office Sought: House District:
STRICKLAND, TED, , ,	Oppose [President X Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General O16 Other (specify) ▶
Full Name of Payee	,	Date of Public Distribution/Dissemination
Mosaic		10 18 2016
Mailing Address 4801 Viewpoint Place		Amount
City State	Zip Code	540.00
City State Cheverly MD	20781	Transaction ID : D603708 Date of Disbursement or Obligation
Purpose of Expenditure Fliers	Category/ Type 004	10 / 18 / 2016
Name of Federal Candidate	✗ Support O	Office Sought: House District:
STRICKLAND, TED, , ,	Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 9016 Other (specify)
•		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	5940.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
	nically Filed] Date	10 21 2016
Signature		

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
	10 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	180.00
Cheverly MD 20781	Transaction ID : D603709 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 18 2016
Name of Federal Candidate Support Office	ce Sought: House District:
STRICKLAND, TED, , ,	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought Disk 2016	oursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 18 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	600.00
Cheverly MD 20781	Transaction ID : D603710 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 / 18 / 2016
Name of Federal Candidate Support Offic	ce Sought: House District:
STRICKLAND, TED, , ,	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought Disl 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	780.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] Date	10 21 2016
Oignature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI END	TIONES	PA FO	GE 3 OF 9 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Working America Coalition			C C00	620583
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dis	stribution/Dissemination
Mosaic			10 /	19 / Y Y Y Y Y Y Y Y 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		300.00
Cheverly	MD	20781	Transaction ID: I Date of Disburser	
Purpose of Expenditure Fliers		Category/ Type 004	10 /	19 / 2016
Name of Federal Candidate		x Support	Office Sought:	louse District:
STRICKLAND, TED, , ,		Oppose		Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	, , ,	19170.00	Disbursement For: 2016 Other (specify)	Primary x General
Full Name of Payee			Date of Public Di	stribution/Dissemination
Mosaic			10	19 / 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		2100.00
Cheverly	MD	20781	Transaction ID : D Date of Disburser	604286 ment or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10 / 10	19 / 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
STRICKLAND, TED, , ,		Oppose	President X S	Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7 7	19170.00	Disbursement For: 2016 Other (specification)	Primary X General y) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			2400.00
			7	4
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	7
(c) TOTAL Independent Expenditures			•	100
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
King, Crystal, , ,	[Electron	nically Filed] Date	10 21 /	2016
olynature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXIEND	ITORES		PAGE 4 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Working America Coalition			C	C00620583
Check if 24-hour report 🗶 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Mosaic			10	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		180.00
Cheverly	MD	20781		n ID: D604287 bursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	19 / 2016
Name of Federal Candidate		X Support	Office Sought:	House District:
STRICKLAND, TED, , ,		Oppose	President	Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7	19170.00	Disbursement For: 2016 Other (Primary X General specify) ▶
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Mosaic			10	19 / 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		300.00
Cheverly	MD	20781		ID: D604288 sbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		✗ Support	Office Sought:	House District:
STRICKLAND, TED, , ,		Oppose	President	Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7	19170.00	Disbursement For: 2016 Other (Primary ★ General
(a) SUBTOTAL of Itemized Independent Expendi	tures			480.00
				7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized			
King, Crystal, , , Signature	[Electron	nically Filed] Date	10 21	
Olynatul C				

Schedule E)	102111 271 2112.	1101120		PAGE 5 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
			М	M / D D / Y Y Y
Check if 24-hour report 48-hour report	ort New repo	ort Amends repo		7 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Full Name of Payee Mosaic				Public Distribution/Dissemination
				0 19 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		420.00
Cheverly	MD	20781		ction ID : D604289
Purpose of Expenditure		Category/		Disbursement or Obligation
Fliers		Type 004		10 19 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District:
STRICKLAND, TED, , ,		Oppose	Presider	nt Senate State: OH
Calendar Year-To-Date		19170.00	Disbursement 2016	For: Primary General
Per Election for Office Sought		19170.00		ner (specify)
Full Name of Payee Mosaic				Public Distribution/Dissemination
				10 19 2016
Mailing Address 4801 Viewpoint Place			Amoun	t
City	State	Zip Code		480.00
Cheverly	MD	20781		tion ID : D604290
Purpose of Expenditure		2-1		f Disbursement or Obligation
Fliers		Category/ Type 004		0 19 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District:
STRICKLAND, TED, , ,		Oppose	Presider	nt Senate State: OH
Calendar Year-To-Date		19170.00	Disbursement 2016	For: Primary General
Per Election for Office Sought		19170.00		ner (specify) -
(a) SUBTOTAL of Itemized Independent Exp	enditures		· •	900.00
(b) SUBTOTAL of Unitemized Independent E	Expenditures			
				7 7 7
(c) TOTAL Independent Expenditures			•	4 4 4
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
King, Crystal, , ,	[Electron	ically Filed] Date	M M /	21 2016
Signature	-		ا لنبا	

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Mosaic	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	360.00
Cheverly MD 20781	Fransaction ID : D604291 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate X Support Office S	Sought: House District:
STRICKLAND TED	resident X Senate State: OH
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 19 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	480.00
	ransaction ID : D604292 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 19 / 2016
Name of Federal Candidate Support Office 5	Sought: House District:
STRICKLAND, TED, , , Oppose P	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought Disburs 2016	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	840.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] Date 10	21 2016
Signature	المتتتما لمما ا

PAGE

OF

Scl	hedule E)	5110.1.20		PAGE 7 OF 9 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IC	DENTIFICATION NUMBER ▼
W	orking America Coalition			C00620583
Che	eck if 24-hour report x 48-hour report x New re	report Amends repor	ort filed on	D = D / Y = Y = Y
	Full Name of Payee Mosaic		Date of Public	c Distribution/Dissemination
			10	19 / 2016
Ì	Mailing Address 4801 Viewpoint Place		Amount	
F	City State	Zip Code		120.00
Ĭ	Cheverly MD	20781	Transaction I	ID : D604293
\mathbf{I}	Purpose of Expenditure	Category/	M = M /	ursement or Obligation
Ĭ	Fliers	Type 004	10	19 2016
	Name of Federal Candidate	✗ Support	Office Sought:	House District:
	STRICKLAND, TED, , ,	Oppose	President	Senate State: OH
Ĭ	Calendar Year-To-Date Per Election for Office Sought	19170.00	Disbursement For: 2016	Primary General
ŀ			Other (sp	
	Full Name of Payee Mosaic		Date of Public	c Distribution/Dissemination
-	Mailing Address 4801 Viewpoint Place		10	19 2016
Ì	4001 VIEWPOIII Flace		Amount	
-	City State	Zip Code		180.00
	Cheverly MD	20781	Transaction ID Date of Disbu	D: D604294 ursement or Obligation
Î	Purpose of Expenditure Fliers	Category/ Type 004	10 M	19 / 2016
-	Name of Federal Candidate			¬
Ì	STRICKLAND, TED, , ,	✗ Support	Office Sought:	House District:OH
-		Oppose		Seriale State:
	Calendar Year-To-Date Per Election for Office Sought	19170.00	Disbursement For: 2016 Other (sp	Primary ✗ General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures		. •	300.00
(1	b) SUBTOTAL of Unitemized Independent Expenditures			
′.)) SUBTOTAL OF OTHER HIZE A HIGHER LAPOTARIATES		. •	4
(0	c) TOTAL Independent Expenditures		·	
				7
W	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
	King, Crystal, , , [Electro	ronically Filed] Date	10 21	/ Y Y Y Y Y 2016
	Signature		نتا لتا	

Scl	hedule E)	101.0	120				PAGE 8	OF 9 FORM 24/48	
	ME OF COMMITTEE (In_Full)					FEC ID		ON NUMBER ▼	,
W	orking America Coalition						C00620583		
Che	eck if 24-hour report X 48-hour report X New	report		ends repo	ort filed on	M M /	D D /	Y Y Y Y	
_		Тороге		TIGO TOPE	It mod 5				Ц
Ĭ	Full Name of Payee Mosaic					Date of Public	Distribution,	/Dissemination 2016	1
ľ	Mailing Address 4801 Viewpoint Place				А	Amount	٠٠	2010	4
ŀ	City State	Zip C	Code		— r			180.00	1
Ĭ	Cheverly MD	2078				ransaction I		1 1 10 1	-
	Purpose of Expenditure Fliers	Cate	tegory/ Type	004		10 /	19	2016]
1	Name of Federal Candidate		x Su	upport	Office S	ought:	House	District:	_
	STRICKLAND, TED, , ,			ppose			Senate	State: OH	
	Calendar Year-To-Date Per Election for Office Sought	19 ⁻	170.00		Disburse 2016	ement For: Other (sp	Primary ecify) ►	x General	
	Full Name of Payee Mosaic					Date of Public	Distribution	/Dissemination	
-	Mailing Address 4801 Viewpoint Place					10	19	2016	
						Amount			_
Ī	City State	Zip C	Sode					240.00	
	Cheverly MD Purpose of Expenditure	2078	81 ———			ansaction ID Date of Disbu			
	Fliers	Cate	tegory/ Type	004		10	19	2016]
	Name of Federal Candidate		x Su	upport	Office S	Sought:	House	District:	_
	STRICKLAND, TED, , ,		o	ppose	P	resident	Senate	State: OH	_
	Calendar Year-To-Date Per Election for Office Sought	19 ⁻	9170.00		Disburse 2016	ement For: Other (sp	Primary	√ X Genera	
(:	a) SUBTOTAL of Itemized Independent Expenditures				· [100.00	1
,,	a) SUBTUTAL OF IteHIIZED INDEPENDENT EXPENDITURES				<u> </u>			420.00	_
(I	b) SUBTOTAL of Unitemized Independent Expenditures				•	4			
(0	c) TOTAL Independent Expenditures				•	1 4	1 - 7]
W	Under penalty of perjury I certify that the independent expenditurith, or at the request or suggestion of, any candidate or author earty committee) any political party committee or its agent.								
	King, Crystal, , , [Elec.	ctronically I	Filed]	Date	M M M	/ 21	/ Y Y 201	6	
	Signature								

Sc	hedule E)	II EXI EIID	1101120				PAGE 9	OF FORM 24/	9
VAI	ME OF COMMITTEE (In Full)					FFC II	DENTIFICATI		
W	orking America Coalition					C	C00620583		
Che	eck if 24-hour report x 48-hour report	New repo	ort A	mends repo		M = M	/ D D /	YYYY	Y
T	Full Name of Payee Mosaic				Date	of Publi	ic Distribution	/Disseminat	
ŀ	Mailing Address 4801 Viewpoint Place				Amo	10	19	2016	
									-
	City Cheverly	State MD	Zip Code 20781				ID : D604297 ursement or 0		0
ľ	Purpose of Expenditure Fliers		Category Type			M M M 10	/ 19	2016	Y
ŀ	Name of Federal Candidate		×	Support	Office Soug	ht·	House	District:	
	STRICKLAND, TED, , ,			Oppose	Presid	_	X Senate		OH_
	Calendar Year-To-Date Per Election for Office Sought	7	19170.0	0	Disburseme		Primary	∕ x Ge	neral
ľ	Full Name of Payee Mosaic				Date	of Publ	ic Distribution	n/Disseminat	Y
	Mailing Address 4801 Viewpoint Place				Amo		10	2010	
ŀ	City	State	Zip Code		$-\Gamma$			180.0	0
	Cheverly	MD	20781				D : D604298 ursement or	Obligation	
	Purpose of Expenditure Fliers		Category Type] [10	19	2016	Y
ľ	Name of Federal Candidate		x	Support	Office Soug	ıht:	House	District:	
	STRICKLAND, TED, , ,			Oppose	Presi	dent	X Senate	State:	OH
	Calendar Year-To-Date Per Election for Office Sought	7	19170.0	0	Disburseme 2016		Primar	y X Ge	eneral
									_
((a) SUBTOTAL of Itemized Independent Expenditure	es			· •	- 	7	360.00)
((b) SUBTOTAL of Unitemized Independent Expendi	tures			· •	7	-		
((c) TOTAL Independent Expenditures				•		1 1 7	12420.00	
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidates carty committee) any political party committee or its	ate or authorized							
	King, Crystal, , ,	[Electrons	ically Filed]	Date	m m /	21	/ 20	16 Y	
	Signature								